**HPC DOCUMENTATION**

| Month: | Year: |  | **SERVICE CODES**If you cannot deliver a service, write in the code below & explain at the bottom or on an attached sheet. **A** – Absent (Individual was gone)**O** – Other (Alternate location, etc.) **R –** Individual Refused |  | **INSTRUCTIONS:** Write in all services, skill developments, frequencies, & durations for all items assigned to you in the ISP. Document according to the frequency. Sign and initial then initial each time you deliver each service. Document if services provided anywhere but individual’s home. Document medications, time & units, & mileage elsewhere. |
| --- | --- | --- | --- | --- | --- |
| Individual:  | Medicaid # |
| Provider:  | Provider #  |
| Group Size: All services delivered 1:1 unless otherwise noted | Place of Service: home unless otherwise noted |

| **SUPPORT AREA – FREQUENCY** |  1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| Outcome #1 |  |
| **Action Step 1:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Action Step 2:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**EXPLANATION FOR “A” “R” OR “O” ABOVE / ALL SERVICES DELIVERED IN THE HOME UNLESS INDICATED BELOW**

| Date | Explanation | Date | Explanation |
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| Date | Explanation | Date | Explanation |

| **PRINTED NAME** | **INITIALS** | **SIGNATURE** | **TITLE** |
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**NOTES** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_